blue collar Vermögen

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Form
Corporate insurance

Advisor
Create offers by
Submission date (to be filled in by ID)

General declarations (mandatory to fill out)

Company name
Street
Zip code / city
Industry / type
Telephone
E-mail

2. location
Street
Zip code / city
Telefon
E-Mail

Total wages / number
men /
women /

annual sales

Daily sick pay (KTG)

Entire staff

Waiting period 3 days / 7 days / 14 days
30 days / ? days

Daily allowance in case of illness 80 % / 90 % / 100 % of the wages

Permanently insured person

Total wage CHF
Name / first name
Address, zip code, city
Date of birth

Waiting period in days
Illness yes / no
Accident yes / no

Accident insurance (UVG)

yes / no

Max. insurable salary = CHF 148,200

Voluntary (wage sum)

Additives to accident insurance (UVG Z)

Surplus wages (over CHF 148,200)
IV pension in number of annual wages
Death benefint in number of annual wages

Daily allowance in CHF
Private medical costs
GF waiver yes / no

Occupational provision (BVG)

Desired plan

Name / first name	Birth date	Civil status	Wages in CHF

Business liability insurance / Legal protection

Business liability
Total Insurance m.
Deductible

Legal protection
No. business vehicles
No. private vehicles

Contract law yes / no
Doubling yes / no

Business insurance

Ware CHF
Facilities CHF

desired coverage CHF / CHF